DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD

CHRONOLOGICAL RECORD OF SERVICE

PRIVACY ACT STATEMENT

Authority: The authority for collection of information including social security number (SSN) is found in the Privacy Act of 1974, 5 U.SC. § 552a. Purpose: The purpose of this form is to document the member's assignments while serving in the Coast Guard and to determine whether or not the member agrees or disagrees with his physical condition prior to separation as determined during his physical exam. This includes ascertaining if the member understands the physical disability evaluation system and how to obtain medical related needs by Department of Veterans Affairs (DVA) and acknowledgement of receipt of designated medical forms. Routine Uses: Information will be used by personnel to track a member's initial entry, duration and separation from the Coast Guard. Disclosure: In the case of military personnel, the requested information is mandatory.			
Disclosure: In the case of r	Unit or Station	Date Detached	
Nome (Lect First Mid			
Name (Last, First, Middle) EMPLID Number			
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AGREEMENT/DISAGREEMENT				
I agree 🔲 (or) do not agree 🔲 that at the time of separation:				
1) I am reasonably able to perform my current duties, or				
 I have a high expectation of recovery in the near term from illness, injury, or surgical procedure such that I would again be able to perform my usual duties. 				
Date	Grade/Rate	Signature of Member		
TERMINATION OF HEALTH RECORD				
Remarks				
establishing se the Coast Gua	rvice connection, do not in themse	Ir health record, including any separation exam, while lves indicate a disability. To receive disability benefits from frm your assigned duties through the physical disability		
After you are separated, any claims for disability benefits must be submitted to the Department of Veterans Affairs. If you have questions about certain benefits to which you might be entitled you should contact the DVA Regional Office nearest your home as soon as practical.				
I have read the abov	re statements and acknowledge rea	ceipt of a copy of the following:		
1. CG-4057, Chronological Record of Service.				
2. DD FORM-2808, Report of Medical Examination date (if performed).				
3. PHS-731, International Certificate of Vaccination.				
4. DD Form 2766, Adult Preventive and Chronic Care Flowsheet.				
Date	Grade/Rate	Signature of Member		
	COMMAND	CERTIFICATION		
	nated this date by reason of			
in accordance with CHAPTER 4, Medical Manual, COMDTINST M6000.1 (series).				
Date	Grade/Rate	Signature of Member		